



February 19, 2016

ENGROSSED SENATE BILL No. 163

DIGEST OF SB 163 (Updated February 17, 2016 4:39 pm - DI 84)

Citations Affected: IC 16-36; IC 16-38; IC 16-41; IC 16-49.

Synopsis: Department of health matters. Allows the state department of health (state department) to use information from the cancer registry to conduct an investigation into the incidence of cancer diagnosis in a geographic region and to share the information with a local health department if certain conditions are met. Allows a local child fatality team to investigate the death of a child whose death occurred in the area served by the local child fatality review team. Requires that a report must be submitted to the state child fatality review coordinator before July 1 each year. Requires the state department to study the costs and benefits of implementing a data base for maintaining health care consents and specifies requirements of the study. Requires the state department to report its findings from the study to the legislative council before October 1, 2016.

Effective: July 1, 2016.

**Miller Patricia, Becker,
Randolph Lonnie M**

(HOUSE SPONSORS — KIRCHHOFFER, BROWN C, SAUNDERS)

January 5, 2016, read first time and referred to Committee on Health & Provider Services.
January 14, 2016, amended, reported favorably — Do Pass.
January 19, 2016, read second time, ordered engrossed. Engrossed.
January 21, 2016, returned to second reading.
January 28, 2016, re-read second time, amended, ordered engrossed.
January 29, 2016, re-engrossed.
February 1, 2016, read third time, passed. Yeas 50, nays 0.

HOUSE ACTION

February 8, 2016, read first time and referred to Committee on Public Health.
February 18, 2016, reported — Do Pass.

ES 163—LS 6604/DI 104



February 19, 2016

Second Regular Session 119th General Assembly (2016)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2015 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 163

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 16-36-1-16 IS ADDED TO THE INDIANA CODE
2 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2016]: **Sec. 16. (a) The state department shall study the costs and
4 benefits of the implementation of a data base for maintaining
5 health care consents made under this chapter.**

6 **(b) The study must include the following:**

7 **(1) The costs of establishing and maintaining a data base to
8 store the health care consents.**

9 **(2) The persons that should have access to the data base and
10 the type of security necessary to protect the data stored in the
11 data base.**

12 **(3) The process for individuals to use to file a health care
13 consent on a voluntary basis.**

14 **(c) Before October 1, 2016, the state department shall report the
15 state department's findings in the study under this section in
16 writing to the legislative council in an electronic format under
17 IC 5-14-6.**

ES 163—LS 6604/DI 104



(d) This section expires December 31, 2017.

SECTION 2. IC 16-38-2-1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 1. (a) The state department shall establish a cancer registry for the purpose of:

(1) recording:

(A) all cases of malignant disease; and

(B) other tumors and precancerous diseases required to be reported by:

(i) federal law or federal regulation; or

(ii) the National Program of Cancer Registries;

that are diagnosed or treated in Indiana; and

(2) compiling necessary and appropriate information concerning those cases, as determined by the state department;

in order to conduct epidemiologic surveys of cancer and to apply appropriate preventive and control measures.

(b) The state department may use any information from the cancer registry to conduct an investigation into the incidence of cancer diagnosis within a certain geographical region.

~~(b)~~ (c) The department may contract for the collection and analysis of, and the research related to, the epidemiologic data compiled under this chapter.

SECTION 3. IC 16-38-2-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 7. The state department may release confidential information concerning individual cancer patients to the following:

(1) The cancer registry of another state if the following conditions are met:

(A) The other state has entered into a reciprocal agreement with the state department.

(B) The agreement provides that information that identifies a patient will not be released to any other person without the written consent of the patient.

(2) Physicians and local health officers for diagnostic and treatment purposes if the following conditions are met:

(A) The patient's attending physician gives oral or written consent to the release of the information.

(B) The patient gives written consent by completing a release of confidential medical information form.

(3) A local health department if the following conditions are met:

(A) The information is needed to assist the state department in conducting an investigation into the



1 incidence of cancer diagnosis within the local health
2 department's jurisdiction.

3 **(B) The information released is directly connected to the**
4 **investigation.**

5 **(C) The information is not used by the local health**
6 **department for any other purpose.**

7 **(D) The patient gives written consent by completing a**
8 **release of confidential medical information form.**

9 SECTION 4. IC 16-41-42.2-5, AS AMENDED BY P.L.200-2015,
10 SECTION 4, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
11 JULY 1, 2016]: Sec. 5. (a) The spinal cord and brain injury research
12 board is established for the purpose of administering the fund. The
13 board is composed of eleven (11) members.

14 (b) The following six (6) members of the board shall be appointed
15 by the governor:

16 (1) One (1) member who has a spinal cord or head injury or who
17 has a family member with a spinal cord or head injury.

18 (2) One (1) member who is a physician licensed under IC 25-22.5
19 who has specialty training in neuroscience and surgery.

20 (3) One (1) member who is a physiatrist holding a board
21 certification from the American Board of Physical Medicine and
22 Rehabilitation.

23 (4) One (1) member representing the technical life sciences
24 industry.

25 (5) One (1) member who is a physical therapist licensed under
26 IC 25-27 who treats individuals with traumatic spinal cord
27 injuries or brain injuries.

28 (6) One (1) member who owns or operates a facility that provides
29 long term activity based therapy services at affordable rates to
30 individuals with traumatic spinal cord injuries or brain injuries.

31 (c) Five (5) members of the board shall be appointed as follows:

32 (1) One (1) member representing Indiana University to be
33 appointed by Indiana University.

34 (2) One (1) member representing Purdue University to be
35 appointed by Purdue University.

36 (3) One (1) member representing the National Spinal Cord Injury
37 Association to be appointed by the National Spinal Cord Injury
38 Association.

39 (4) One (1) member representing the largest freestanding
40 rehabilitation hospital for brain and spinal cord injuries in Indiana
41 to be appointed by the Rehabilitation Hospital of Indiana located
42 in Indianapolis.



(5) One (1) member representing the ~~American~~ Brain Injury Association **of America** to be appointed by the Brain Injury Association of Indiana.

(d) The term of a member is four (4) years. A member serves until a successor is appointed and qualified. If a vacancy occurs on the board before the end of a member's term, the appointing authority appointing the vacating member shall appoint an individual to serve the remainder of the vacating member's term.

(e) A majority of the members appointed to the board constitutes a quorum. The affirmative votes of a majority of the members are required for the board to take action on any measure.

(f) Each member of the board is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(g) The board shall annually elect a chairperson who shall be the presiding officer of the board. The board may establish other officers and procedures as the board determines necessary.

(h) The board shall meet at least two (2) times each year. The chairperson may call additional meetings.

(i) The state department shall provide staff for the board. The state department shall maintain a registry of the members of the board. An appointing authority shall provide written confirmation of an appointment to the board to the state department in the form and manner specified by the state department.

(j) The board shall do the following:

(1) Consider policy matters relating to spinal cord and brain injury research projects and programs under this chapter.

(2) Consider research applications and make grants for approved research projects under this chapter.

(3) Consider applications and make grants to health care clinics that:

(A) are exempt from federal income taxation under Section 501 of the Internal Revenue Code;

(B) employ physical therapists licensed under IC 25-27; and

(C) provide in Indiana long term activity based therapy services at affordable rates to individuals with spinal cord injuries or brain injuries that require extended post acute care.

(4) Consider the application's efficacy in providing significant and



sustained improvement to individuals with spinal cord injuries or brain injuries.

(5) Formulate policies and procedures concerning the operation of the board.

(6) Review and authorize spinal cord and brain injury research projects and programs to be financed under this chapter. For purposes of this subdivision, the board may establish an independent scientific advisory panel composed of scientists and clinicians who are not members of the board to review proposals submitted to the board and make recommendations to the board. Collaborations are encouraged with other Indiana-based researchers as well as researchers located outside Indiana, including researchers in other countries.

(7) Review and approve progress and final research reports on projects authorized under this chapter, including any other information the board has required to be submitted as a condition of receiving a grant.

(8) Review and make recommendations concerning the expenditure of money from the fund.

(9) Take other action necessary for the purpose stated in subsection (a).

(10) Provide to the governor, the general assembly, and the legislative council an annual report not later than January 30 of each year showing the status of funds appropriated under this chapter. The report to the general assembly and the legislative council must be in an electronic format under IC 5-14-6.

(k) A member of the board is exempt from civil liability arising or thought to arise from an action taken in good faith as a member of the board.

(l) The department shall annually present to the board a financial statement that includes the following information for the current and previous fiscal year:

(1) The amount of money deposited into the fund.

(2) The amount of money expended from the fund.

(3) The amount of money, including any reserves, available for grants from the fund.

SECTION 5. IC 16-49-3-3, AS AMENDED BY P.L.208-2015, SECTION 10, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: Sec. 3. (a) A local child fatality review team:

(1) shall review the death of a child whose death incident occurred in the area served by the local child fatality review team **and may review the death of a child whose death occurred in**



1 **the area served by the local child fatality review team if:**

2 (A) the death of the child is:

3 (i) sudden;

4 (ii) unexpected;

5 (iii) unexplained; or

6 (iv) assessed by the department of child services for alleged
7 abuse or neglect that resulted in the death of the child; or

8 (B) the coroner in the area where the death occurred
9 determines that the cause of the death of the child is:

10 (i) undetermined; or

11 (ii) the result of a homicide, suicide, or accident; and

12 (2) may, at its discretion, review the near fatality of a child whose
13 incident or injury occurred in the area served by the local child
14 fatality review team.

15 (b) In conducting a child fatality review under subsection (a), the
16 local child fatality review team may review all applicable records and
17 information related to the death or near fatality of the child, including
18 the following:

19 (1) Records held by the:

20 (A) local or state health department; and

21 (B) department of child services.

22 (2) Medical records.

23 (3) Law enforcement records.

24 (4) Autopsy reports.

25 (5) Records of the coroner.

26 (6) Mental health reports.

27 (c) Except as otherwise provided under this article, information and
28 records acquired by the local child fatality review team in the exercise
29 of its duties under this chapter are confidential and exempt from
30 disclosure.

31 (d) Records, information, documents, and reports acquired or
32 produced by a local child fatality review team are not:

33 (1) subject to subpoena or discovery; or

34 (2) admissible as evidence;

35 in any judicial or administrative proceeding. Information that is
36 otherwise discoverable or admissible from original sources is not
37 immune from discovery or use in any proceeding merely because the
38 information was presented during proceedings before a local child
39 fatality review team.

40 SECTION 6. IC 16-49-3-7, AS AMENDED BY P.L.2-2014,
41 SECTION 81, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
42 JULY 1, 2016]: Sec. 7. (a) **Before July 1 each year**, a local child



1 fatality review team shall prepare and ~~release a report that may submit~~
2 **to the state child fatality review coordinator a report that must**
3 include the following information:

4 (1) A summary of the data collected regarding the reviews
5 conducted by the local child fatality review team **in the previous**
6 **calendar year.**

7 (2) Actions recommended by the local child fatality review team
8 to prevent injuries to children and child deaths in the area served
9 by the local child fatality review team.

10 (3) Solutions proposed for system inadequacies.

11 (b) A report released under this section may not contain identifying
12 information relating to the fatalities reviewed by the local child fatality
13 review team.

14 (c) Except as otherwise provided in this article, review data
15 concerning a child fatality is confidential and may not be released.

16 (d) A local child fatality review team may prepare and release a
17 joint report for the report required by subsection (a) with another child
18 fatality review team if the local child fatality review team reviewed
19 fewer than two (2) child fatalities in the previous calendar year.



COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 163, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 16-36-1-16 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2016]: **Sec. 16. (a) The state department shall study the costs and benefits of the implementation of a data base for maintaining health care consents made under this chapter.**

(b) The study must include the following:

(1) The costs of establishing and maintaining a data base to store the health care consents.

(2) The persons that should have access to the data base and the type of security necessary to protect the data stored in the data base.

(3) The process for individuals to use to file a health care consent on a voluntary basis.

(c) Before October 1, 2016, the state department shall report the state department's findings in the study under this section in writing to the legislative council in an electronic format under IC 5-14-6.

(d) This section expires December 31, 2017."

Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 163 as introduced.)

MILLER PATRICIA, Chairperson

Committee Vote: Yeas 10, Nays 0.



SENATE MOTION

Madam President: I move that Engrossed Senate Bill 163, which is eligible for third reading, be returned to second reading for purposes of amendment.

MILLER PATRICIA

SENATE MOTION

Madam President: I move that Senate Bill 163 be amended to read as follows:

Page 5, delete lines 37 through 42.

Page 6, delete lines 1 through 23.

Renumber all SECTIONS consecutively.

(Reference is to SB 163 as printed January 15, 2016.)

MILLER PATRICIA

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 163, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

(Reference is to SB 163 as reprinted January 29, 2016.)

KIRCHHOFFER

Committee Vote: Yeas 11, Nays 0

